

Hospital Comments on Quality and Cost

Maternity:

- **Cesarean Sections**
- **Primary Cesarean Sections,**
- **VBACs (Vaginal Births after Cesarean Sections)**

Link to General Comments on Quality and Cost from all hospitals

Reporting Hospitals:

- Berkshire Medical Center
- Brockton Hospital
- Caritas Holy Family Hospital
- Caritas St. Elizabeth's Medical Center
- Massachusetts General Hospital
- Winchester Hospital

Berkshire Medical Center

Berkshire Medical was recognized as a "Center of Excellence" by Health Grades for having achieved top performing outcomes in the Obstetrical care.

Brockton Hospital

Brockton Hospital appreciates the efforts of the state to provide meaningful information to the community concerning obstetrical indicators. We believe that the patient should consult with her provider who will utilize all information available to determine risks and benefits of alternative routes of delivery.

Caritas Holy Family Hospital

All Cesarean Section: Rates according to our records are as follows:

Total births: 1225; Total Cesareans: 536. Rate: .43

Primary Cesarean Section: Rates according to our records are as follows:

Total births: 1079; Total Primary Cesareans: 337. Rate .31

Caritas St. Elizabeth's Medical Center

All Cesarean Section: 450/1062

Primary Cesarean Section: 271/1079

Vaginal Birth After Cesarean Section (VBAC): 14/190

Massachusetts General Hospital

All Cesarean Section & Primary Cesarean Section: The MGH Obstetric Service does not support the use of cesarean section delivery rates (either primary or all cesarean section) as measures of hospital quality. The decision to undertake a cesarean delivery depends on individual patient and pregnancy characteristics and history and, in consultation with her provider, a patient's careful evaluation of the risks and benefits of alternate routes of delivery. In some cases, patients and providers will decide that a small risk to mother or baby warrants cesarean delivery. In other cases, a similar small risk may be judged acceptable and lead doctors and patients to make different plans. Because such evaluations of risks and benefits are embedded with personal values that are indiscernible from review of administrative data sets and because individual patient variables, risks and histories are not considered in presenting gross

cesarean rates, we believe that defining optimal rates for an single hospital, much less a state health system, is simply not possible. Moreover, some hospitals serve a disproportionate number of women with more complex medical histories that may influence rates of primary cesarean section, further complicating any hospital-to-hospital comparisons. Absent our ability to conduct valid comparisons, we see no appropriate way in which cesarean rates or their comparison can be used to reflect hospital quality.

Vaginal Birth After Cesarean Section (VBAC): The MGH Obstetric Service does not support the use of VBAC rate as helpful measure of hospital quality. There was a time when increasing rates of VBAC was seen as favorable. The thinking was that a woman who had delivered via cesarean section should be able, barring certain circumstances, to have a vaginal birth in the future. The last decade has taught the obstetric community a great deal about the safety of VBAC and the indications for VBAC are evolving. The general trend is to be more selective in making that recommendation and to ensure that facilities are properly equipped with staff and operating room availability to provide the back-up cesarean section if needed. We don't think it is appropriate to hold out a measure of VBAC rates as a quality indicator as it may be misleading to prospective mothers and their families. The type of delivery should be a personal decision and made under the guidance of a well-informed, up to date obstetrician or midwife. At MGH we certainly have the staff and facilities to safely and confidently offer VBAC for appropriate patients, but we do not think that using this metric as a yardstick of hospital quality makes sense given current science.

Winchester Hospital

All Cesarean Sections – Winchester Hospital's Cesarean Section rate is consistent with expectations, and our estimated cost per procedure is in the middle 50% of hospitals in the study.

Primary Cesarean Section – Winchester Hospital's Primary Cesarean Section rate is significantly lower than the state average, and our estimated cost per procedure is in the middle 50% of hospitals in the study.

VBAC – Although not included by the state in the 2005 data set, Winchester Hospital's utilization rate for Vaginal Birth after Cesarean ("VBAC") in previous years has been consistent with expectations, and our estimated cost per procedure is in the middle 50% of hospitals in the study. We are seeing a decline in the VBAC rate, similar to many other hospitals in the state as well as nationwide.